



Developing and Maintaining an Integrated Injury Control System

Prevention, acute care, and rehabilitation are vital and dynamic components of a community's integrated injury control system. People working in these three areas are involved in what is called the full spectrum of patient care. Each of these areas is important and must be considered together, not independently, when evaluating and strengthening a community coalition's capabilities and resources for responding to injury problems. What follows is a definition of each of these three components: prevention, acute care, and rehabilitation, a discussion of how these components can be accessed, and an identification of resources that representatives from these three areas contribute toward creation of an integrated injury control system for a Safe Communities program.

Definitions

Prevention

People who work in prevention create educational programming, information, and policy that focus on reducing and preventing leading causes of injury in a community. Prevention efforts focus on creation of tools and resources that can be used by all types of people of all ages in many community networks, such as schools, preschools, businesses, churches, social service agencies, community groups, libraries, law enforcement, hospitals, and government. Critical to the development of appropriate and effective prevention initiatives is data drawn from many sources. Such data help define and isolate leading causes and the nature of injuries in a community. These data, also help measure the effectiveness of prevention efforts.

Acute Care

From the first responder at a crash scene, to the surgeon who operates on a trauma patient, to the nurse who provides bedside care, the acute care professional carries out a commitment to providing the medical care necessary to save a person's life. Acute care begins the minute a person is injured and a community's emergency response system goes into place to provide the care necessary to keep a person alive. This system includes transport to the hospital, communication with the hospital trauma team, immediate care by physicians and nurses in the emergency room, patient surgery, and bedside care provided by nursing and medical staff. Medical staff care typically is provided by trauma surgeons, orthopedics surgeons, and neurosurgeons.

Rehabilitation

Rehabilitation professionals are committed to helping people re-enter a community's daily routines with skills and capabilities for a productive life. Physical therapists help people acquire mobility skill through the arms and legs while occupational therapists link exercises with everyday resources to help people develop skills that can help them in everyday life, such as brushing their hair, navigating in a wheelchair, or using appliances and other household and safety products.

Respiratory therapists provide information and training to help people who are dependent upon medical equipment for breathing, such as monitors and portable oxygen. Additional rehabilitation support is provided by staff representing social work, psychiatry, and child development.

Accessing Professionals

There are a variety of health care professionals with different backgrounds and expertise who all work together to prevent or decrease the severity of injury. Within every health care system are professionals in prevention, acute care, and rehabilitation who can be involved in building a Safe Communities program.

Prevention

In many health care systems, prevention specialists can be accessed through various arenas. Possible points of contact in most health care networks would be people working in community education, health promotions, marketing, in trauma programs, burn units, and car safety seat loan programs. Directors of nursing services or marketing staff for health care networks can also identify nurse educators within the system who are carrying out educational efforts with patients to reduce and prevent injuries. There are many physician networks committed to prevention education, including family practice physicians, pediatricians, and neurosurgeons that can be approached through respective state and county medical associations and alliances.

Prevention professionals also can be found in corporate health promotions areas. Many of these people can be located by connecting with a state's Safety Council affiliated with the National Safety Council. Other prevention specialists include law enforcement public information officers, home extension staff, emergency medical services, firefighters, as well as young people from youth organizations such as 4-H, Girls and Boys Clubs, Scouts, Future Farmers of America, and Future Homemakers of America.

Acute Care

Acute care professionals typically are found in a health care system's network of surgery specialists, including neurosurgery, orthopedics, pediatric surgery, and plastic surgery. Advanced practice nurses, emergency room nurses, critical care nurses, and pediatric medical-surgical nurses provide different levels of bedside

care for patients during recovery. These professionals can be accessed through nurse administrators of acute care units or through nurse trauma coordinators.

Rehabilitation

Rehabilitation specialists step into the patient care process as efforts begin to prepare the patient for hospital discharge. Their efforts continue after hospital discharge through providing hospital and community based clinical services to monitor a patient's progress to full recovery. These specialists can be approached through a trauma nurse coordinator or nursing administrators for the pediatric critical care units, emergency rooms, or pediatric medical-surgery units. These individuals provide direct access to the health care professionals who provide direct bedside care to injured children. They can assist in arranging meetings with the bedside staff nurses and rehabilitation staff to discuss their involvement, roles, and resources to support a Safe Communities initiative.

Resources

Any Safe Communities effort becomes richer and more defined with the resources that can be offered by health and medical professionals with expertise in prevention, acute care, and rehabilitation. These professionals may well be the most committed advocates for Safe Communities and can strengthen each phase of work with different resources.

Prevention

These professionals offer existing program and information materials in injury prevention education and access to data identifying injury types, patterns, and costs. Participation in a coalition would make sense since many prevention efforts link resources, people, and programs. Coalition involvement would help maximize impact, reduce staff and program costs, and help avoid duplication of effort.

Acute Care

Acute care professionals can offer a community coalition a wide variety of resources, including injury data, specific case information to illustrate injury impact and costs, and a strong commitment to prevention since these professionals are on the front line of patient care. They can provide expert testimony on behalf of policy that promotes use of safety products, such as child safety seats, safety belts, and bicycle helmets.

Rehabilitation

Rehabilitation professionals would be interested in contributing time and energy to a Safe Communities Coalition because of a commitment to prevention of any further injury to the people they are trying to return to normal life. They have access to information regarding costs of rehabilitation and have a specialized knowledge of technology that can help people achieve skills that will return them to full participation in life.

Participation by people from each of these areas must be balanced in a coalition. Quite likely, many of these people are not accustomed to talking with or working with each other. People in each of these areas are used to being regarded as authorities and to making quick and responsive decisions everyday. Bringing them all to the same table will require patience, careful listening, and an ability to create an atmosphere of neutral turf, of shared resources and information, and mutual benefit.

One way to create a balanced Coalition that represents professionals from each of these areas is to create subcommittees reflecting each area and have representatives from the subcommittees then come together to share group ideas, resources, issues, and priorities. These subcommittee representatives should be people who can help open up access into networks. It makes sense that these people be medical or allied health professionals to help lend credibility to the mission of your community coalition. In most cases, it will be difficult to bring a wide assortment of people from prevention, acute care, and rehabilitation together at recurring meetings. It will be necessary for you to meet with them on their turf, such as at a hospital, perhaps during shift changes or during grand rounds, or during already established group meetings to get their input, suggestions, and perspectives.

Building an Integrated Coalition That Lasts

Meetings alone do not build Coalitions. Periodic phone calls, asking people to do something specific within a certain period of time, having a cup of coffee with a friend and helping each other to build and strengthen different projects undertaken by a Coalition outside of regular meetings creates friendships that can endure changing and shifting priorities in a Coalition.

A Safe Communities Coalition should include representation from each of the three components of the injury control system. The professionals who join your Coalition, may not be well versed in topic specific programs but rather in an overall system of patient care. In that vein, these professionals share a commitment to preventing motor vehicle injuries and to reducing system costs. Traffic safety professionals can continue to serve a Coalition with on-going updates to resources, research, and information so that traffic safety topics can be addressed, whenever appropriate, in conjunction with other injury programs. Traffic safety professionals remain connected to the injury control system in a community through this on-going involvement in a Coalition and gain continuing opportunities to learn about problems, needs, and new partners.

The premise of Safe Communities is that people who live in a community know best what a community's needs are and how those issues relating to injury prevention can be best addressed. Through active and committed participation on a Safe Communities Coalition, all members keep injury prevention concerns a visible priority. A Coalition is powerful through the choices made to invite and involve people from a broad spectrum of groups and who believe in the importance of reducing and preventing injuries.

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